

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728881

FILED
Jun 17, 2009
Secretary of State

Entity Name: COUNTRY CLUB POINTE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3025 GOLFVIEW DR
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

3025 GOLFVIEW DR
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-2244916 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TERRY, PRESCOTT L
3025 GOLFVIEW DR
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MILLER, ANN J
Address: 3012 NASSAU DR
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: SECHEN, MICHELLE
Address: 3020 PAR DR
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: JACKSON, JACK
Address: 3030 PAR DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: TD () Delete
Name: TERRY, PRESCOTT L
Address: 3025 GOLFVIEW DR
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: CONNELLY, BRIAN
Address: 3010 NASSAU DR
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: MACINTYRE, HEATHER
Address: 3013 NASSAU DRIVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRESCOTT L. TERRY

TD

06/17/2009

Electronic Signature of Signing Officer or Director

Date